

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30195**  
**3801**

**FILED SEP 22 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3344 Karnes Blvd.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b> b. (Middle) <b>ROY</b> c. (Last) <b>CORBETT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 5, 1951</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 11, 1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Supt. Jenkins Music Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Music Co.</b>	
11. BIRTHPLACE (State or foreign country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Winfield Scott Corbett</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Lee</b>	
14. NAME OF HUSBAND OR WIFE <b>Hazel M. Corbett</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-01-6479</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Hazel M. Corbett</b>		ADDRESS <b>3344 Karnes, KC Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>terminal pneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>few hours</b> ANTECEDENT CAUSES Arteriosclerosis <b>arteriosclerosis</b> DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <b>cerebral apoplexy - nephritis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>351X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Sept 1, 1951</b> to <b>Sept 5, 1951</b> that I last saw the deceased alive on <b>9-5, 1951</b> , and that death occurred at <b>10:30 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Eugene C. Black</b> (Degree or title)		23b. ADDRESS <b>1228 Prof Bldg</b>	
23c. DATE SIGNED <b>9-6-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/7/51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>9-6-51</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b>		ADDRESS <b>Kansas City, Missouri</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. E. C. Becker

Prof. Bldg - C. C. 2463

Thru. App.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed, [Signature]

Licensed Embalmer No. 1415

P. O. Address [Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.